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Program Evaluation

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Immunization Unit

Program Evaluation Topics

- Program Evaluation Purpose
- Monitoring TVFC Providers
- PEAR Visits
 - Escalated visit status
- Acknowledgement of Receipt
- AFIX Visits
 - Completing Initial Exchange Tab
- Follow up activities
 - Methods of follow up activities
 - Timing



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Program Evaluation Topics

The purpose of program evaluation through compliance visits is to:

- Assess
- Support
- Educate



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We want to create a partnership of success with all providers in the state of Texas

Program Evaluation Purpose (Cont'd)

Site visits are data driven as opposed to date driven.

The providers with the most needs must be seen first.



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Monitoring TVFC Providers

All providers must be monitored every 2 years; more if needed.

- DSHS Contractor is responsible for all private providers
- HSR is responsible for oversight of private providers in their area
- LHD is responsible for oversight of private providers in their area



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Monitoring TVFC Providers (Cont'd)

Types of Site Visits

- “A” site: Combined AFIX & TVFC Compliance Visit
- “B” site: TVFC Compliance Visit only
- “C” site: AFIX Follow-up Visit only
- “D” site: ASN visit



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PEAR Visits

CDC PEAR System Requirements

- Awardees must use the Provider Education, Assessment and Reporting (PEAR) online system to conduct provider site visits and submit reports on the same day as the visit.
- Paper forms should only be used if internet access is unavailable during the site visit.



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PEAR Visits (Cont'd)

PEAR visits that have been put in “Escalated” status must be resolved in a timely manner.

Status: ESCALATED

[Open Reviewer Notes](#)

[Last note added on 05/17/2017 by [REDACTED]]

[Open Provider Notes](#)

[Last note updated on 05/17/2017 by [REDACTED]]

COMPLETED QUESTIONNAIRE - [REDACTED]

SITE VISIT INFORMATION

Site Visit Date: 05/17/2017

Site Visit No: 05172017TXA [REDACTED]

Reviewer: [REDACTED]

Question 4.4

Combo-Both Sections:
Maytag Combo
Refrigerator/Freezer

THERMOMETER TYPE: Assess the thermometer in this section of the storage unit to answer the questions below.



Sub-Question Response(s)

A. Is the thermometer a continuous monitoring and recording device (i.e. a data logger)?

Refrigerator: Yes
Freezer: Yes

B. Does the thermometer have a probe?

Refrigerator: No
Freezer: No

C. Does the thermometer have a digital display that can be easily read from the outside of this unit?

Refrigerator: Yes
Freezer: Yes

D. Is data downloaded and reviewed routinely?

Refrigerator: No
Freezer: No

Notes:

There are no notes for this question ([Add Note](#))



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Question 4.6 <i>Combo-Both Sections: Maytag Combo Refrigerator/Freezer</i>	<u>THERMOMETER PLACEMENT:</u> Is the thermometer properly placed in this section of the storage unit?	<input checked="" type="checkbox"/>
Response	Refrigerator: No Freezer: No	
Root Cause:	Lack of (or insufficient) training of staff The probes were laid in the units (not buffered) and not with the vaccines. Provider unaware the need to properly place probes with vaccines. Edit Also see root cause for Question 4.3.	
Notes:	There are no notes for this question (Add Note)	

Question 5.5	<u>BACK-UP THERMOMETER:</u> Does the Provider have a readily available back-up thermometer with a current and valid certificate of calibration testing?	<input checked="" type="checkbox"/>
Response	No	
Root Cause	Lack of (or insufficient) training of staff Providers unaware of requirement for a backup thermometer. Edit	
Notes:	There are no notes for this question (Add Note)	



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Question 4.5 <i>Combo-Both Sections: Maytag Combo Refrigerator/Freezer</i>	CERTIFICATE OF CALIBRATION TESTING: Review the certificate of calibration testing for the thermometer in this section of the storage unit and answer the questions below.	
Sub-Question Response(s)	A. Is there a certificate of testing for the thermometer in this section of the storage unit?	Refrigerator: Yes Freezer: Yes
	B. What is the date of calibration for the thermometer in this section of the storage unit?	Refrigerator: 09/02/2014 Freezer: 09/02/2014
	C. What is the certificate's date of expiration based on Immunization Program policy?	Refrigerator: 09/02/2016 Freezer: 09/02/2016
	D. Does the certificate contain all the necessary items listed in the Note to Reviewer?	Refrigerator: Yes Freezer: Yes
	E. Who is responsible for supplying the current and valid certificate of calibration for this thermometer?	Refrigerator: Provider Freezer: Provider
Root Cause:	Lack of (or insufficient) training of staff Provider unaware that certificate had expired and requirement for recalibration. Edit Also see root cause for Question 4.3.	
Notes	There are no notes for this question (Add Note)	

Acknowledgement of Receipt

- Must be turned in to Central Office in a timely manner
- Must contain:
 - Current year (bottom right corner)
 - Matching dates throughout
 - Site Visit Number in correct format
 - Completely filled out
 - Signature of provider
 - Signature of reviewer



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Acknowledgement of Receipt

Standard Site Visit
Number format:

mmddyyyyTXA000000

For Example:

12312017TXA000123



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VACCINES FOR CHILDREN PROGRAM (VFC)
VFC Compliance Site Visit - Acknowledgement of Receipt

Provider Name: _____ Site Visit No.: _____
Site Visit Reviewer: _____ Email: _____

Thank you for participating in this VFC Compliance Site Visit. Please take a few minutes to review your follow-up plan. The goal of this plan is to support you and your staff with successfully implementing the program and improving access to vaccines for VFC-eligible children within your practice.

To close out today's visit, please complete the Provider Acknowledgement section of the form below and keep this document for your records. Thank you for your continued dedication to the VFC Program.

TO BE COMPLETED BY SITE VISIT REVIEWER

I, _____ (Site Visit Reviewer), acknowledge that a VFC Compliance Site Visit was performed on _____ (Visit Date) and that I have provided a Follow-up Plan that includes any follow-up actions required (as applicable) and a list of all current VFC Program Requirements & Recommendations assessed during the visit.

TO BE COMPLETED BY PROVIDER

If the Medical Director (or equivalent) who signed the Provider Agreement is present:

I, _____ (Medical Director), acknowledge that my practice took part in the VFC Site Visit noted above. I understand the findings of the visit and agree to take all required actions necessary in order to meet VFC Program Requirements (as applicable).

If the Medical Director (or equivalent) who signed the Provider Agreement is NOT present:

I, _____ (Responsible Individual designated by MD), acknowledge that my practice took part in the VFC Site Visit noted above. I understand and will communicate to the Medical Director the findings of the visit and any required actions that must be taken by our office in order to meet VFC Program Requirements (as applicable).

Reviewer Signature: _____ Date: _____
Provider Signature: _____ Date: _____

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AFIX Visits

Type “A” visit

- Should consist of 50 records pulled of patients between ages of 24-36 months
- Data is entered into CoCasa
- Used to assess provider coverage rates, any missed opportunities for vaccination
- Follow up AFIX (“C” visit) 3 to 6 months after initial visit



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Closing out AFIX visit for withdrawing providers:



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1. Search the Provider in AFIX system (TXA0000000)

Please use this page to search and locate the provider you are planning to visit. From the search results, you will be able to begin a new site visit, or add data to an existing site visit record.

Search			
Provider PIN:	<input type="text" value="LIKE search of VFC PIN"/>	City:	<input type="text" value="LIKE search of CITY"/>
Clinic/Practice:	<input type="text" value="LIKE search of clinic/practice"/>	Zip Code:	<input type="text" value="LIKE search of 5 digit ZI"/>
Reviewer:	<input type="text" value="Select reviewer"/>	Region:	<input type="text" value="Select Region"/>
		<input type="button" value="SEARCH"/>	<input type="button" value="RESET"/>

2. Select "Previous Visits"

Viewing 1-1 of 1 records.	
Previous Visits	New Visit
Previous Visits	New Visit

3. Select visit date from "Available Site Visits"

Available Site visits



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AFIX Visits (Cont'd)

General Site Visit Information
(Complete)

Assessment
(Complete)

Feedback
(Complete)

**Initial eXchange
(In Progress)**

Awardee Contact Information
(Complete)

Participants Present During Visit
(Complete)

General Initial eXchange Information
(Complete)

Vaccination Coverage
(Complete)

Missed Opportunities for Vaccination
(Complete)

Adolescent Missed Opportunities
(Complete)

**Progress Towards Implementing Selected QI Strategies
(Not Started)**

Subsequent eXchange 1
(Not Started)

Subsequent eXchange 2
(Not Started)

FIELDS WITH A RED ASTERISK(*) ARE REQUIRED.

Date Initial eXchange Initiated: 8/17/2017

QI Strategy Category	Selected QI #	QI Strategy	Adolescent Progress *
Strategies to improve the quality of immunization services	8	Do you have an immunization champion at this practice that focuses on QI measures, reducing barriers and improving coverage levels?	<div><input type="radio"/> Fully implemented</div> <div><input type="radio"/> Partially implemented</div> <div><input checked="" type="radio"/> No implementation</div>

* Was a follow-up letter sent to the provider (letter to include re-assessment rates and initial follow up information)

☐ Yes

☒ No

* Will a Subsequent eXchange be conducted?

☐ Yes

☒ No

Initial eXchange Notes:

Maximum Number of Characters: 2000

Upload/Attach Files

☒ I acknowledge the information on these sections is complete and all responses are final.

Note: Once this checkbox is selected and the form is saved, the responses cannot be changed without an unlock code. Please reach out to your AFIX Coordinator for questions about the unlock code.

SAVE

SAVE AND CONTINUE

SAVE AND QUIT



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AFIX Visits (Cont'd)

General Site Visit Information
(Complete)

Assessment
(Complete)

Feedback
(Complete)

Initial eXchange
(Complete)

Awardee Contact Information
(Complete)

Participants Present During Visit
(Complete)

General Initial eXchange Information
(Complete)

Vaccination Coverage
(Complete)

Missed Opportunities for Vaccination
(Complete)

Progress Towards Implementing Selected QI Strategies
(Complete)

Subsequent eXchange 1
(Not Started)

Subsequent eXchange 2
(Not Started)

FIELDS WITH A RED ASTERISK(*) ARE REQUIRED.

Date Initial eXchange Initiated: 8/17/2017

QI Strategy Category	Selected QI #	QI Strategy	Adolescent Progress *
Strategies to improve the quality of immunization services	8	Do you have an immunization champion at this practice that focuses on QI measures, reducing barriers and improving coverage levels?	<input type="radio"/> Fully implemented <input type="radio"/> Partially implemented <input checked="" type="radio"/> No implementation

* Was a follow-up letter sent to the provider (letter to include re-assessment rates and initial follow up information)

☐ Yes
☒ No

* Will a Subsequent eXchange be conducted?

☐ Yes
☒ No

* Please provide a reason why a Subsequent eXchange will not be conducted.

Provider dis-enrolled and did not reenroll in the VFC Program

Initial eXchange Notes:

Maximum Number of Characters: 2000

[Upload/Attach Files](#)

* ☒ I acknowledge the information on these sections is complete and all responses are final.

Note: Once this checkbox is selected and the form is saved, the responses cannot be changed without an unlock code. Please reach out to your AFIX Coordinator for questions about the unlock code.

SAVE

SAVE AND CONTINUE

SAVE AND QUIT

AFIX Visits (Cont'd)

Providers who are withdrawing must have all previous AFIX visits in "Complete" status

Visit Initiated Date	Assessment Date	General Information	Assessment Results	Feedback	Initial Exchange	Subsequent Exchange	Site Visit
5/11/2017	5/11/2017	Complete	Complete	Complete	Complete	No SE	Complete



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Follow Up Activities

1. Upon completion of the site visit, the reviewer will discuss the outcome of the visit with the provider staff
 - Site visit findings
 - Follow up plan with timeline
2. The Responsible Entity will complete all follow up activities



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Follow up activities are another opportunity for success and partnership building with the provider.

Follow Up Activities (Cont'd)

Follow up activities can include, but are not limited to:

- Visiting the clinic to observe corrective actions
- Calling the vaccine coordinator at the clinic
- Sending a letter to address the deficient items identified during the site visit
- Determining the provider's compliance with the corrective action plans, if applicable



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Follow Up Activities (Cont'd)

The Responsible Entity works with providers on non-compliance issues by:

- providing education
- guidance regarding corrective actions
- monitoring

Follow up activities must be completed in PEAR/AFIX according to the timeline provided.



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Conclusion

- Teaching, assisting, creating a relationship for success with providers
- Partnership
- Documents sent completed
- Follow up activities on time



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Thank You!

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